



School-Based Outreach Strategies to Reach Medicaid & CHIP Eligible Students

Connecting Kids to Coverage National Campaign

Webinar Transcript April 5, 2016

Carol Backstrom: Thank you everyone for joining us here today. We really appreciate it. I think we all know that school-based outreach strategies have always been a core part of this campaign because of the opportunities we have to reach parents and children through schools. In just a few moments we'll hear from a variety of speakers that can provide the national and local perspectives on how successful partnerships were formed in schools and with schools. We will first hear from the Department of Education on the Healthy School Partnerships Program, and then hear from members of the School Superintendents Association on how to engage school administrators. Next, the School Nurses Association will share a national and local perspective on how to integrate the importance of health in school environments. We'll close with the resources available from the Connecting Kids to Coverage Campaign, and we'll also provide a demonstration of how the revamped InsureKidsNow.gov website is working. We can take your questions at the end of the webinar, so feel free to use the chat box throughout the webinar. However, before we get started we want to hear from you. We do have a poll question we'd like you to answer. Have you or your organization already partnered with schools in your community to reach Medicaid and CHIP eligible students? If you could, just please submit your vote by clicking on an answer that is on your screen. And Erin, I'm not able to see the results, are you able to do that?

Erin Seidler: I am, yes. It looks like 61% of you have partnered with schools and are looking for new ideas, and about 40% of you would like to learn more about partnering with schools. So I think that's a good split for today's webinar.

Carol Backstrom: Great, thanks Erin and thanks everyone for joining again, and I'm going to have Erin introduce our first speaker. Thanks.

Erin Seidler: Thanks Carol. First today, we are going to hear from Joaquin Tamayo. He is with the Department of Education. Joaquin?



Joaquin Tamayo: Hi Erin, thank you very much for that introduction. Again, my name is Joaquin Tamayo. I am a Special Assistant in the Office of Elementary and Secondary Education at the U.S. Department of Education. I am very excited to present on a couple of new initiatives that we have at ED in collaboration, certainly with Health and Human Services as well as with other federal agencies and state and local communities. Next slide. Just so everyone on the line today has awareness about, oh, previous slide please. Thank you. Awareness about the U.S. Department of Education's mission and our four priority goal areas. I just want to share that our mission is pretty simple, and that is to promote student achievement and preparation for global competitiveness by fostering educational excellence and ensuring equal access for all children across our country. One way that we do that, if you go down to the third bullet, is that we use our bully pulpit and other levers, both policy and practice wise, to focus national attention on key educational issues. And one of those issues that we'd like to highlight today and that is a signature priority here at ED and certainly for our new Secretary of Education, John King, is improving the integration of health and education systems, particularly systems that provide direct services in schools for children. This is really important, certainly for our nation's most vulnerable schoolchildren, children who are at increased risk not only for falling behind in school and dropping out but also for poor health outcomes. We know that poor health outcomes also weigh upon their ability to achieve at high levels in school. Next slide. So because of that recognition, that health certainly impacts education and education impacts health, in collaboration with the Department of Health and Human Services, ED and HHS have created a new initiative called Healthy Students, Promising Futures. In January, Secretary King and Secretary Burwell from HHS released two new resources for states, local school districts, schools and communities that are interested in deepening the integration between our education and health systems. So the two resources are there on the slide. The first is what we call a Dear Colleague letter, which is the federal guidance on deepening the integration between education and health systems. The second resource, you can see the cover page on the right side of your screen there, is our Healthy Students, Promising Futures Toolkit which elaborates on the guidance in the Dear Colleague letter and outlines in pretty fine detail what we call five high impact opportunities that states, school districts, local communities, schools and community partners can take advantage of right now, given existing authorities and existing budgets. Next slide. Just to highlight what is included in the Healthy Students, Promising Futures Guidance and Toolkit, again five high impact opportunities that I



hope everybody on the line understands and thinks creatively where you see a need in your community to begin to leverage and take advantage of that opportunity. So really briefly I'll outline the five opportunities that we highlight in the guidance and in the toolkit. Number one, we really are encouraging folks to help eligible students and family members enroll in Medicaid, CHIP, or the Marketplace. There are lots of opportunities to connect families and children with the opportunity to enroll in health insurance, and we certainly hope that we can deepen the integration between our health systems and education, particularly schools, so that schools can serve more as a one stop shop for families and youth enrolling in health insurance when they register their child for school. Number two, provide and expand reimbursable health services in schools. This is a follow up to the December 2014 guidance that CMS issued on revisions to the free care rule. We are certainly encouraging state departments of education and local school districts to work closely with Medicaid to expand the kinds of reimbursable services that will help our needy students in school get the school-based health resources that they need to be ready and healthy to learn. Number three, provide or expand services that support at-risk students, including through Medicaid-funded case management. We're recognizing that school-based health services are executed well and effectively when someone at the school is responsible for those services. There has to be somebody in charge to make sure that kids get the resources, the interventions, and the services that they need. So it is possible through Medicaid-funded case management for more adults in the schools who are responsible for connecting kids to health care services. Next slide. High impact opportunity number four is to promote healthy school practices through nutrition, physical activity, and health education. This one is certainly geared towards educators to make sure that their school environments include opportunities for regular physical activity, rigorous and effective health education, as well as the provision of healthy and nutritious breakfasts and lunches for students. But certainly, schools and school districts can use the partnership with local hospitals, local non-profit organizations, to make sure that we're implementing research and evidence based practices to support the health of students while they are attending school. And finally number five, build local partnerships through partnering with a school-based health center or participating in hospital community needs assessments. There are lots of opportunities in every single community for schools to partner both with each other and with other organizations outside of the school system to bring resources and services to students. Sometimes superintendents and principals and other community



members don't know that either these partnerships can serve that function or that for instance they can partner with their local nonprofit hospital to be included in the community needs assessment so that the school district or the school can receive in-kind services from that hospital. So we are really encouraging folks to think creatively and broadly about how partnerships can help bring resources that otherwise may miss kids attending schools. So those are the five high-impact opportunities that are included in the Healthy Students, Promising Futures Guidance and Toolkit. If anybody has any questions, please feel free to reach out to me at the Department of Education. I'm happy to answer people's questions about that initiative. And before I go, I do want to share one more initiative. Next slide. I'm sorry, let me just clarify here in terms of the toolkit that I referenced. What is included in the toolkit are tips on how schools, school systems, and communities can take advantage of each opportunity. There is actual information about how communities right now are taking advantage of these opportunities with exemplars and best practices. Then also links to research on the effectiveness of different approaches related to each high-impact opportunity. So that's just a little bit more about the toolkit itself. Next slide. Quickly, the other initiative that I'd like to make sure everyone knows is a collaboration that the Department of Education has with the White House, HHS, the Department of Health and Human Services and the Department of Justice, and that is called Every Student, Every Day. And we're focusing the nation's attention on the crisis of chronic absenteeism in our schools. You may not know this, but chronic absenteeism, which is defined as missing 10% or more of the school year, affects as many as 7.5 million students a year. What we know from really good research is that health-related issues are a leading cause of chronic absenteeism among students, particularly among minority and low-income students, and there is a great prevalence of health-related issues among elementary school students. So this is an issue that we're trying to raise the alarm about, letting folks inside and outside schools know that there are so many kids that are chronically absent from school missing out, which puts them at tremendous risk of falling behind in school and dropping out. And health related issues, both chronic and acute health concerns, are a leading cause of chronic absenteeism that all of us in both the education and the health sectors really need to understand so that we can get at the root causes and then get kids the services and help that they need. Next slide. And so just for awareness, there is a whole resource package as part of the Every Student, Every Day Initiative. I'll draw your attention to the second bullet, and that is an Every Student, Every Day Community Toolkit which includes information for health and human services



providers. So I encourage you to go to the link at the bottom of that page, download the toolkit, and see how you might be able to use that to raise awareness about chronic absenteeism and where you can work with folks on the ground, make sure that they are aware of this resource so that we have broader access to kids and families to important services and preventative services. Next slide. Again, if you'd like any information on both Healthy Students, Promising Futures and Every Student, Every Day, please feel free to contact me at the Department of Education. Thank you very much.

Erin Seidler: Great, thank you Joaquin. The high-impact opportunities outlined in the Healthy Schools Partnership Toolkit are great strategies to help with Medicaid and CHIP enrollment. Next I'd like to introduce two speakers who represent a strong partnership that has been developed through the School Superintendents Association and the Children's Defense Fund in Texas. AASA and CDF have done great work in Texas, and we are looking forward to hearing from Gwendolyn Johnson and WyKisha McKinney today. Gwendolyn is a School Administrator at the Houston Independent School District and a member of AASA. WyKisha is the Program Director at CDF in Texas. Gwen and WyKisha will take it from here.

WyKisha McKinney: Thank you so much. This is WyKisha McKinney. I'd like to start first with sharing a little bit of information about us. AASA and CDF have been working together on school-based outreach and enrollment in health insurance since 2011 under a grant from CMS where we worked with eight school districts across four states. And then in 2013, through the support from Atlantic Philanthropies, we worked together again with seven school districts in two of the three states with the highest numbers of eligible but unenrolled students, that being California and Texas. Our work has been, we've had a wonderful experience with the school districts that we are currently working with, and our work has been cited in the Healthy Students, Promising Futures Toolkit released by the U.S. Department of Education and the U.S. Department of Health that was mentioned a little bit earlier. Next slide please. One thing I want to start with is talking about the role of school administrators in our work. Organizations emerge and change through strong leadership, and the responsibility for that in school districts falls on the shoulders of superintendents. It is important that you form a relationship with the superintendent of your local district and other key district leaders. Our superintendents, their endorsements ensure that our initiatives will reach the level required to make a difference. Research has shown that if the superintendent is on board with a program, then it is more likely to be implemented and sustained. Finally, it ensures that community agencies will



collaborate to help make your initiative successful. Our superintendents definitely play a role in leveraging and creating strong partnerships. Next slide please. Because CDF and AASA really understood the importance of the superintendent's role, we developed a distinct set of benchmarks for our project that reflected how the superintendents could support Medicaid and CHIP enrollment in the district. Those benchmarks included meeting with leadership of community health agencies to strengthen the commitment of partnership. It also included participating in national dissemination activities related to CDF and AASA initiatives. For instance, presentations at the national conferences, national blogs about the initiative, and articles in local newspapers, television and radio spots as well. So just kind of helping to promote the work and share information about our work to other districts. Also participation in our annual site visits and our Community of Practice, which provided a time for us to share ideas and talk about best practices amongst the school districts and also get the feedback from our school administrators on how this work has impacted their district. Next slide please. Another thing that is important to know is how to connect with the local school district. First we want to be aware of timing. School districts plan their budgets and initiatives in the spring for the following school year. Therefore, if you want to partner with school districts on an outreach and enrollment campaign, let's say we wanted to start at the start of this year, the 2016-2017 school year, then you should have been in those district meetings the March before. So March of 2015. So be aware of the timing as you are planning your initiative and your project and you are planning to meet with district administrators. Another important element is forming good relationships. We want to form relationships with those at the highest levels and see them frequently. If you can't find someone who can intercede for you, and also if you can't meet with someone at those higher levels, then find somebody who can advocate for you or intercede for you on your behalf like the school health advisory committees, the school nurses or other health staff, who could really speak to your work and speak to the importance of your work for the school district. Also make sure to capitalize on the skills and talents and the dedication of teachers and principals at the school level. Don't forget to enlist the youth and parents as champions as well. So just having those really strong relationships within the district to connect with them is very important. Also make sure that you are speaking their language. Speak to the district in the language that they know and understand about the things that they care about. For example, districts are paid based on an average daily attendance. So if a child is sick, that child is not in school and the district does not get paid. Affordable health coverage



helps assure that they have a primary caregiver, that the students have a primary caregiver or a primary place to receive preventative care and treatment services thereby keeping students in their seats. So for our project, it was important for us to share with the district how giving that child access to affordable health coverage keeps them in their seats. Another term that we might hear about is adequate yearly progress. If a child is not in school and learning because of illnesses, or because they can't see a doctor, then they stand a poor chance of being successful on standardized testing. So again, we tie our work into what's important for the district. That's keeping the students in their seats and making sure that they're successful. Finally, we want to make sure that we are working collaboratively with the district. Schools are hierarchically structured, and so it's important that we understand the politics and respect the hierarchy of the district. We want to work within the system and not around it. Make sure to involve the district personnel in planning, and be mindful that there may be some red tape and some bureaucracy involved. But it is worth it to do it right the first time and to keep them involved. Next slide please. How HISD has participated in this project and what it's meant for their district. Gwen?

Gwendolyn Johnson: Thank you WyKisha, and thank you. This is Gwen Johnson in the Houston Independent School District. I'm Nurse Administrator, and it was certainly a privilege for us to work collaboratively with CDF-AASA on this initiative. Thank you for the opportunity to share about the strategies we found effective in the work around connecting kids to care. HISD had the opportunity to participate in previous cycles of health insurance outreach, and currently we are working with CDF and AASA on this current initiative. When we started off, we estimated our uninsured to be approximately 14%. However, we did also have and do also have a significant number of students not eligible for CHIP or Medicaid, and so finding resources for those students as well is key. We did achieve our target goal of enrolling more than 1,200 children and families but look forward to ongoing work on this issue. Next slide. Incorporating the health insurance status question into the school process is key. And that question is simply, does your child have health insurance? So looking at the district enrollment and registration documents is important and provides the foundation for where that question will ultimately be in the system. In our case, it is on our enrollment and registration documents, and all of our families complete those documents every year. However, for some districts, that may be different, and they also may complete those documents electronically or in hard copy. So understanding the student information system is important.



Are families completing documents electronically versus hard copy? Because gathering and collecting that information about uninsured will be key once that question is established. Again, the student information system does allow for that tracking and provided guidance to us in our outreach efforts. We also were fortunate to work with a demographer to understand where gaps were in terms of services within our school district. Parent contact by the school nurse and other essential personnel are another source for outreach. School nurses are certainly well-connected and on the front lines of providing a safety net for the most vulnerable of our children, some of whom are eligible for Medicaid and CHIP. Therefore they are a good source of information for where there are gaps. Next slide. During the back-to-school season, opportunities for student enrollment in health coverage is a great place to start. Obviously, in school processes, communication to families about events is key. Some of those events may look like parent/teacher events, open house, partner and community events, and health fairs. Any opportunities to do district wide or campus robo calls about outreach events will really help to spread that information even further. This may also look like fliers that go home from schools. But any opportunity where parent-centered events occur are great opportunities to include a statement about outreach efforts on that campus. Next slide. Just a few resources and tips that we discovered as we worked through this process. It is important to be systematic and intentional. Joaquin mentioned having a person or someone in charge of that, and that really is important. We were fortunate to have a designated outreach worker, and the project itself though exists in health and medical services and an outreach worker in our department worked very closely on the outcomes and the progress as well as any troubleshooting. So I agree, it's key to have the work existing and accountable to a department. Partners are essential, and it's important to work collaboratively with those partners to understand what processes they already have in place for connecting kids to care, then connecting or finding the overlap so you are able to work collaboratively. Partnerships and folks engaging with schools should stay up to date on changes in the school registration procedures. That can be fluid, it can change from one year to the next. So really being connected to that registration process from year to year. Which reinforces the next bullet, which is aligning with district practices and understanding what those practices are. It's key that you don't come in and try to recreate or create new practices, but to rather plug into existing practices. I'll reemphasize again that it is important to have key school staff involved and provide training, and of course school nurses are among the folks and key personnel who should be included in that. Of



course, social workers, counselors, and others who would work with children who have unique needs would be key. Begin with sustainability in mind. We don't want the work to go away. It's important work, it's not just for a season. We do know for CHIP and Medicaid that enrollment is ongoing all year. So while we support and work with partners on ACA and the marketplace, we do always emphasize that CHIP and Medicaid enrollment is ongoing. And lastly, health care access must include parent education about utilization. We have found that many times the documents that parents receive back about their health insurance once enrolled may be confusing, and in some cases parents have not had a history of having health insurance. So helping them to understand health care access via personnel such as school nurses who certainly engage with those parents often is really an important part of the process. Next slide please. And then tailoring the approach to the district. When you engage with districts, knowing something about the district size, whether the work will be broad across the district versus in a targeted area of the district. For us, we're quite large, so we thought in terms of parts of our district and where we found gaps in services. Knowing the organizational structure has already been mentioned and is key. School nurse visits again are great and EMS transports are great sources of data that can help individuals to understand where those gaps exist. Next slide. And this last slide really just reinforces what Joaquin had mentioned earlier, is that health insurance enrollment can be key and is mentioned in the toolkit as the number one high impact opportunity to improve school based health, and engaging with community partners, in our case such as our school-based clinic partners, our local health department, and our mobile clinics provided a very valuable way to connect all of those resources together, ultimately for all of us to impact academic success. I will just emphasize here that internally within school districts also to engage with departments such as dropout prevention, migrant education, and of course our homeless education department. So looking internally as well is very, very important. Thank you again for the opportunity to contribute, and I look forward to any questions.

WyKisha McKinney: Gwen if I may, just for a second, I'd also like to mention that CDF and AASA are working together to develop a toolkit based on our school-based health outreach work to identify and assist uninsured children, and we're looking to have that toolkit ready to be released by the summer. Thank you all again for inviting us and I really appreciate the time.



Erin Seidler: Great, thank you so much Gwen and WyKisha. We are looking forward to seeing the toolkit that you're developing, and we'd be happy to share that with the larger group when that's released. Thank you for sharing your experience partnering with school administrators, I think there were some great tips there that all of our listeners can put into action to partner with schools. Our next speaker is Beth Matthey. She is President of the National Association of School Nurses. We know that school nurses are a great resource for enrolling students in Medicaid and CHIP, so we can't wait to hear more about the work your organization is doing. Beth?

Beth Matthey: Well, thank you, thank you so much, and I'm really pleased to be here today to share information with you. The National Association of School Nurses shares information with school nurses across the country, and our mission is to optimize student health and learning by advancing the practice of school nursing. We want our students in school and learning, and we know that children need to be healthy to learn, for optimal learning. And health insurance helps our families and children get the health care that they need, but the numbers are dropping. We are getting a lot more kids covered, and it's just really been very helpful, but what school nurses are finding, there may be lapses in coverage. Families who move frequently may not stay on top of renewal information, or families who are most at risk may have situations in the family that take precedence over seeking health care and keeping insurance coverage. These are the families where school nurses are able to reach because we recognize the situation and the struggles within the family. We know our students and our families, and most school nurses work with their students throughout their lifespan to be honest. We're in the community, and I know I have parents now with children in school where I was their school nurse when they were in school. So we do have that connection with the community, and really that connection with our most vulnerable children. And many of them are eligible for CHIP and Medicaid. One thing I did want to mention. I was in Vermont this past weekend, and the school nurses in Vermont partnered with the public health department to increase their enrollment for children. And they have been incredibly successful, I don't know if you've seen the numbers from Vermont. But they only have 2.2% of the children who are uninsured. And I know that they're going to be working on that 2.2%. The personal connections and partnerships that they have made have identified kids that need the coverage. So that personal connection really is key. Next slide. School nurses do collect the emergency information at the beginning of the year as mentioned earlier for parent contact, but it also includes health



insurance information. It may not be electronic, it may be pen and paper but there are places we're still using pen and paper so it is nice to have that connection with the school nurse to get that information. As I mentioned earlier, the lapses in coverage, a lot of times what school nurses see is when we refer someone for health care, particularly dental care, but health care as well, that a family, we find out that they didn't follow up with that health care need because they didn't have any health insurance or they didn't have the money. And that's when we find out that there is a gap in their coverage. A parent may have lost employment, where they may have had company health insurance before but they don't know how to get health insurance now. So a personal contact is really helpful. I've heard parents have a divorce, one parent may carry the health insurance coverage but then when it comes down to it the child is uninsured because the parent no longer has coverage. That's another gap that we often see. And families are most at risk if they're moving frequently or if they are living with other families they may not get the information that they need to renew. So again, a lapse in coverage. So it's really helpful for school nurses when we recognize that those kids don't have that coverage that we have someone that we can reach out to. I know that with the Affordable Care Act we've been able to reach out to community partners to help get our kids coverage. So that's been really helpful. Next slide. I put this up here for our school nurses that are on the call, because there is on your health care, InsureKidsNow.gov, the ability to find out who you can call for help within the local community. So it is not even just the folks out there trying to cover the kids, it's also school nurses looking to you to help us get our kids covered. So this has been really helpful to me to see who I can call for our families, and I know Liz is going to talk in a minute, she's a school nurse in Colorado, about the things that she's done. But this personal connection is just a really important piece of the whole process of getting kids covered. School nurses are trusted members of the community and are available to the families. I know I have frequently worked with a person who insists my family can get coverage, and Vermont has successfully demonstrated this with their connection with public health. And as I mentioned with the introduction of the Affordable Care Act, the folks that are available to help us get coverage have been very helpful. If I find a student who needs health care and doesn't have health insurance, I refer a family to one of the federally qualified community health centers because I do want them to get the health care that they need, but I also know that within the community settings there are people there that can help the family to get coverage and work through the process of signing them up. A lot of people don't have



computers available to them. Another helpful avenue for school nurses is if you can talk with a navigator in the area or an assister, I know there are assisters as well, that they can help connect to a family and walk them through the process. I know that it was mentioned earlier that when you do work with a school district make sure that you go to the proper people and work through the channels. It may be if you want to reach a school nurse within the school setting that you may need to talk to the district office to find out what is the best way to connect with school nurses so that you can work together. Or you may just get a call out of the blue from a school nurse who has looked up your number on the website. But realize that this is the grassroots level and we do appreciate the extra help that we can get in the schools to work with our families. As mentioned earlier, schools also sponsor health fairs and other community events where the information can be shared. School nurses can help you identify those events. In August, the back-to-school nights are very popular, and having a presence there is important. You know, we might not get someone signed up at that point and time, but when we identify the gaps in coverage along the way, then we have a name and number to go to. We know who we can call when we need the information. Next slide please. What does coverage mean? It means that a child will have their health care needs met. They'll have their dental needs met, their mental health needs met. You know, dental caries is the number one chronic health issue with children. Although dental caries are largely preventable, they remain the most common chronic disease in children between the ages of 6 and 11. If any of you have ever had a toothache, you know the discomfort and the pain it can cause. It really is difficult for a child to pay attention when they have a toothache, and it makes learning difficult. Our goals as school nurses and as educators is to keep the kids in school with optimal health. That is why we say, better health, better learning. It means that a child can get regular checkups and vaccines. It also means that teens can get the sports physicals so they can participate in the school sports with their peers. And again, often if the child isn't covered the parent isn't covered either. By connecting the children, we can also connect the family. Next slide. For more information about school nurses, you can visit our website at www.nasn.org. I want to thank all of you for your help and assistance in reaching our families and helping to remove the barriers to seeking health care. It really does make a difference for our students every single day. Thank you.



Erin Seidler: Great, thank you so much Beth for sharing that information. And I think really to drive home the work that you're doing in connection with school nurses, Liz Clark, who is joining us next. She is the Colorado Director of the National Association of School Nurses, and she serves as the Medicaid director at the Boulder Valley School District. Liz, thank you for joining us today.

Elizabeth Clark: Thank you Erin, and thank you for asking me to participate on this important webinar. Next slide please. A little about me. I've been a school nurse in Colorado for over 20 years and a school Medicaid coordinator for the past 14 years. I work in Boulder Valley School District. It is the 7th largest school district in Colorado encompassing over 400 square miles, so it is fairly large. The student population is approximately 30,000 students. It is a mixture of urban, rural, and mountain communities with approximately 22% of students on free and reduced lunch. Next slide please. Colorado does not have a mandate for school nurses, so in our school district we have 11 school nurse consultants that average about 3,000 students each, and the school nurse consultants themselves average about 4-6 schools. So they are very, very busy working with students in our district. Next slide please. The management of the school Medicaid program includes day to day operations and oversight for the program as well as the many rules and regulations that we have to follow. One of the really critical things that I work towards is creating community partnerships to support the health needs of students and promote outreach and enrollment across the district. Next slide please. We have various tactics for outreach. We have outreach and enrollment staff that meet with health services teams multiple times a year. Our health services teams are our nurses, our health room paras. We have a Medicaid advisory board which is a community as well as a district wide representation of staff, and we meet multiple times a year. We have brochures and flyers in our school health offices and our front offices. There are blurbs that we put in school and district newsletters. And there is a really important link on our district website for outreach and enrollment staff, and it has general information on income eligibility in Colorado and a referral form for follow-up that anyone can access, community folks, parents, and anyone inside the school district can complete the referral form for follow up. Next slide please. So for our enrollment process, we really felt it was important to create a client-centered model, and we use that district referral model where the referral form is completed by parents or district staff and the enrollment tech contacts the family directly. Most of the application is then completed over the phone, and the family drops off the documentation,



reviews the application, signs it, and this then turns an hour long application into a brief process of submitting their legal documents. We can then determine eligibility immediately for these families. They don't have to wait. Next slide please. School nurses are essential outreach and enrollment advocates. In our daily work with students, we identify unmet health needs. Common things we see are dental, vision, and eye care needs as Beth already mentioned, and also a lot of chronic disease management. We have students with asthma, diabetes, seizure disorders, allergies, and also behavioral health concerns, ADHD, depression, substance abuse issues. We also have a lot of students with attendance concerns. I know a lot of resources are now out there for attendance which will really much benefit us and our schools. So if a health concern is identified, parents are much more likely to seek insurance to cover the cost of a health issue. It is sort of that tag to get them into the system. Next slide please. Medicaid enrollment is a complicated process, and there are many benefits to having your school nurse involved. School nurses do understand the complex health systems in their communities. Parents do trust school nurses and the school district staff, and a personal connection to support the family to seek health insurance is needed. We have found that the more direct contact from a team member the parents receive, the more likely that they will complete the enrollment process. You know, it just isn't enough to give them information and give them a brochure and send home things in a newsletter, we have to have that direct contact. Next slide please. I wanted to tell you a little bit about the Healthy Kids Initiative. The Healthy Kids Initiative is a partnership that Boulder Valley School District has with Boulder County Housing and Human Services, and they provide two outreach and enrollment specialists in the school district. So the school district supplies a location, an office, a cell phone, IT access in a centrally located location in our district, and our enrollment specialists then work daily with school nurses and other school staff completing referrals and enrollment assistance. They also attend school activities, several of which were already mentioned such as registration, parent teacher meetings, health fairs, summer school food programs, those sort of things. So any time we have a school activity where we know there are going to be parents there, we invite them and often times they are able to come and set up a table and do outreach and enrollment. Next slide please. We have had a lot of success with our enrollment activities. This program has been going on since 2008, and the partnership with the county has resulted in over 5,500 children enrolled in Medicaid and our state health plan. Last year there were 265 children enrolled, with a 96% approval rate, and only 4% were denied. 49% of those



actually were new to Medicaid, we're really impressed with that. And Colorado now has a 5% rate of children lacking health insurance. This has really gone down over the last couple of years. Colorado does have Medicaid expansion and we have been working really hard for outreach and enrollment in our state. Next slide please. I am going to tell you a little bit about a student named Billy. In October, I had a principal refer Billy to me because he had missed over 20 days of school, and he was struggling academically. Every missed day had been excused by the parent due to illness. I contacted his mother, and she informed me that Billy had asthma and had been in the ER several times since school started, and most of the asthma attacks occurred at night. After spending multiple hours in the ER, he would be too tired to come to school. When I asked about medications, his mom informed me that the ER had given him an inhaler but it didn't last very long. He was not on any other medications, and we did not have any medications for him at school. He did not have any health insurance or a primary health care provider. I contacted the Healthy Kids outreach and enrollment tech, and Billy and his siblings were eligible for Medicaid and enrolled that same day. The family was also referred to the federally qualified health center in our community on that day, and Billy received controlling medications as well as emergency medications to manage his asthma. The provider at the federally qualified health center contacted me to discuss his plan of care and thanked me for the referral and shared that Billy had been in the ER eight times since school had started. Billy has only missed two school days the rest of the school year and his grades have significantly improved since we got him onto health insurance. Next slide please. I just wanted to reinforce that school nurses are key for outreach and enrollment. Please utilize your school nurses in your school districts, they are valuable resources for you. We're going to talk a little more about this, other folks are going to be talking more about the Insure Kids Now website. But it is a wonderful resource that we are using. You can personalize posters and fliers for your district, and I just wanted to make sure you had that information. Thank you so much for taking the time to listen to this valuable information today.

Erin Seidler: Great, thank you so much Liz. Your contact information here is provided on the slide, and we really appreciate you sharing your experience and the work you've been doing in connection with the school district there in Boulder. Our final speaker is Dave Conlon. He is the Acting Technical Director in the Division of Communication and Outreach at CMS. And we're



going to shift gears a little bit here. Dave is going to share some information about our new Insure Kids Now website. Dave?

Dave Conlon: Thanks Erin. As Erin said, I work in the Division of Communication and Outreach at CMS. Among other things, DCO is responsible for both the Medicaid.gov and InsureKidsNow.gov websites. I'm excited to talk with you all today to showcase the latest iteration of the Insure Kids Now website. Next slide please. Before talking about the latest iteration, I think it's helpful to look back on our past. To date, there have been four versions of the website, the first in April of 1999. That's right, the Insure Kids Now website is almost 17 years old. The early versions of the website were focused primarily on providing information to connect eligible children and other family members to free or low cost health coverage through Medicaid and CHIP. Also, it provided access to the dentist locator to help people find a dentist in his or her community who sees children and accepts Medicaid and CHIP. As time moved now, Insure Kids Now developed a site within a site focusing on providing resources to partners who would help us spread the word to help get eligible families and children connected with coverage. However, the design made easy growth in that direction a bit of a challenge. So that brings us to the start of drivers as to why we decided to redesign. Next slide please. There are really four overarching reasons that drive a website redesign: audience changes, marketing needs, user expectations, and technology changes. For Insure Kids Now, all of these came together for us. As I already mentioned, Insure Kids Now had begun to look to servicing outreach partners through the website, and they had been the primary audience for the website for a little time. With MACRA, a new wave of outreach initiatives, and the new Collaborative Agreement Awards coming up, it gave us an opportunity to make a bit of a splash to help reinvigorate the site. Version 4.0 of the site was also nearly seven years old, and how people interact with websites has changed in that time. When the last site was designed, smart phones and social media were in their infancy. Now they're not only everywhere but a major driving force in how people interact with technology including websites. Next slide please. We established some high level requirements for the site that would help reposition the site and provide flexibility for the future. We wanted to give the site the ability to grow and accommodate the increased content for outreach and enrollment activities and our outreach partner audience. To do that, we'd need to change up our information architecture, the site's page organization and page structure. We also thought there would be some opportunity here to make the site a little bit more intuitive for wayfinding.



Another point we needed to address is that research into how people interact with websites has shown that most web users don't read, they skim, and that's if you're lucky. We want to emphasize calls to action and increase the ability for users to skim to find what he and she are looking for quickly, but at the same time entice them to stay a little longer and see what else might be available or interesting to them. Another item is that social media has become such a large part of people's lives, and in fact a lot of our outreach activities center around social media. We want to make our content easily shareable. We wanted to make something very quick, very flexible, and so we concentrated on something called the minimum viable product that we would deliver using agile development. This would give us a product quickly with no loss of functionality moving from the old site to the new site and provide that platform for growth and iteration for the future. So with all these requirements, we developed the site quickly, and here it is. Next slide. Welcome to Insure Kids Now 5.0. We launched the site on March 14, so just a few weeks ago, and we're really excited to walk through and show you some of the site highlights. Next slide please. So getting into the nitty gritty of the details. On the home page, we kept the same muddy kids photo from the most recent versions of Insure Kids Now and the same logo. In terms of language, we trimmed it down drastically, focusing on that skimming. The old intro to the site was about 125 words. We now have it at 43. The top navigation now shows that next level down when you hover over the elements to give not only that discoverability feature but also a leapfrog feature to the users to get where he or she wants to go faster. The old site had several different disconnected text-based highlight areas, but now the new site has four spotlight areas that we can use to highlight new, key, or interesting elements. And we can update these as something new happens or when we want to bubble up certain elements that are lower in the site at different times with calls to action, bringing the user to more detailed content if he or she wants. Next slide please. Moving down into the site, we've done a few things here that are different from the old site. I've mentioned skimming before, but really this is a transition of the content on the website to a bite - snack - meal approach, essentially giving users the ability to get the full meat if he or she wants it, but creating those discoverable, skimmable spaces within the site so users can quickly find what they want and simultaneously discover that new stuff within the site. We also brought our videos onto the site from YouTube embedded onto webpages so you can stay on the site, and in the future we can put related items from the webinars or videos on that same page. We also integrated AddThis, a service that allows users to share our content directly to his or



her social media accounts, email it to someone, print it easily, and other options right at the click of a button. Next slide please. For our outreach materials, we moved these great assets from several different pages into one centralized resource, sort of a one stop shop. For now, we've given that page a table of contents to drop down and see different asset categories such as posters or palm cards or Twitter images. We also have these great visually appealing assets that on the old site were hidden behind boring blue links. This was sort of a mystery meat where they just had to click and see what they were getting. Now we've made a first attempt to give a preview of what assets look like to not only improve the look and feel of the site but also to give users an idea of what they are getting, an idea of what they could be getting, and a preview of what they are actually looking for, through these discoverabilities, letting these materials also sell themselves. This is also one area of the site where there is profound potential for growth. We are just beginning to brainstorm how to increase the usability of this great asset for the site. Next slide please. And we made the site work on mobile devices. Now, in 2011 Insure Kids Now launched a mobile website, but that was actually a completely separate website with separate content and it was a challenge for us to update it. Modern websites are now responsive, which means they adjust the look and feel based on the capabilities of the device they are being used on. We moved the Insure Kids Now to use responsive design to have that one website that works on all devices. It is the same content, it just looks differently. But it means that users are able to access the full site and 100% of all of its assets completely up to date on mobile devices. It also allows for the Spanish translation to translate all of our website content. Our minimum viable product was designed for mobile devices, for mobile phones and desktops to go along with that no decrease of functionality from the old site. But we will be looking to create a look and feel that works even better for tablet sized devices in the future. Next slide please. Speaking of the future, we're still working on the site. In fact, we have a release coming up on April 11, next Monday, that will include a whole bunch of bug squashing because unfortunately we didn't launch a bug free site. So we will be putting in some fixes in that upcoming release. Also as I mentioned before, our minimum viable product was designed for growth, enhancement and improvements, so we are looking further ahead. Items on our radar screen are the library improvements I mentioned, but also areas such as our eNewsletters we're thinking about improvements and also the dentist finder tool, we're working with HRSA to help improve that. So that along with regular content updates will help us to continue to improve the site. We're really excited about



Version 5.0 and we're looking forward to continued improvements. Next slide please. So please go and explore the new revitalized website, it's at the same address, www.insurekidsnow.gov. If you'd like to provide feedback or just some general kudos please email us at connectingkids@cms.hhs.gov. Thank you. Erin?

Erin Seidler: Great, thank you so much Dave. I think the redesign looks great and hope people share their feedback on the changes as well or have any questions on finding the content. So we really want to get to questions, thank you so much for listening up to this point. But quickly before we get over to the questions we want to make sure that you have an idea of the variety of free resources available including print materials, template social media content, and customizable materials all available in our resource library. You can visit the outreach library page to download tip sheets to share with schools to help start the conversation on Medicaid and CHIP enrollment. The Get Covered. Get in the Game. campaign is a partnership with schools and to be sure to engage everyone that interacts with students including coaches and advisors for extracurricular activities. You can download all of our Get Covered. Get in the Game. materials to share at the link below. While you are reviewing our outreach tool library, you can download some of our template materials. We have social media content and graphics you can share on your social channels and eNewsletters you can share with your network. As Liz mentioned, as you've used some of our materials before, you can customize most of our materials to support your outreach efforts. We have some specific back to school and school based outreach as well as a range of materials. The process of customizing materials takes approximately two weeks, and you can access that on the link on the slide. All of our outreach videos and previous webinars are also available on the outreach tool library on the Insure Kids Now website. The outreach videos are short videos showcasing a variety of outreach and enrollment promising practices from groups across the country. For instance, we partnered with Alameda County in California to create a video to show how this community joined forces with local schools and organizations to help enroll students in Medicaid and CHIP. There are several ways you can stay up to date with the latest Medicaid and CHIP outreach strategies and stay connected to the Connecting Kids to Coverage Campaign. Sign up to receive our campaign eNewsletters, they are distributed throughout the year and provide updates on campaign activities. We also want to hear from you. If you have any questions or just want to share an outreach or enrollment story, email our team at connectingkids@cms.hhs.gov. And of course you



can join our conversation online. To expand your outreach connect with the campaign on social media. Follow @IKNGov on Twitter for campaign updates and share resources across your social media channels. Don't forget to tag your posts using #Enroll365, #Medicaid, and #CHIP. We would love to see what you are doing in your community. So we have been monitoring your questions throughout the webinar and want to take the opportunity to address some of those questions. If you haven't asked your question yet, please type a question in the chat box below. As we mentioned, we've had quite a few questions come in, so we might not be able to get to everyone today, but we want to make sure that we can take some time here and we'll follow up with those questions that we aren't able to get to today. So the first question comes from Wanda, and I'll open this up to all of our speakers on the call. She works in an alternative school, a low income elementary school in Wyoming. Many of the students there do not have health care coverage and are not enrolled in CHIP or Medicaid. So Wanda is asking generally how can she help, and I think this would be a great question for all of our speakers on how she can connect to resources or local CHIP grantees in her area. WyKisha or Gwen, are you there?

Gwendolyn Johnson: This is Gwen. I think a great place to start would be with the local health department to kind of garner what resources and how they can assist. There may be some electronic ways that they can communicate with the parents, but certainly within the immediate community, even within the hospital system. Really reaching out and looking for resources that are accessible, because that's the other key, that families need to be able to get to locations where they can complete and be assisted with the application.

Elizabeth Clark: Hello, this is Liz. Our outreach folks actually go to some of our more rural schools and set up in doctors' offices in the community. So we have a school up in Nederland, which is a small mountain community, and they don't have a lot of health resources. Our outreach enrollment staff is currently going up once every two weeks and sitting in the doctor's office and enrolling folks as they come in, and that seems to have really made a difference in that community.

Beth Matthey: This is Beth. We've had outreach workers meet at the public library if people can meet there and help them enroll, bring their documents and help them enroll. That website address that I put on earlier can give you an idea of where you can reach these specialists within your community. Very, very helpful, because they make that personal connection.



Erin Seidler: Great, thank you everyone for the feedback on those questions. We have a specific follow up for you, Gwen and WyKisha. How did you initially estimate the 14% uninsured in the Houston School District?

Gwendolyn Johnson: This is Gwen. That was indeed a challenge for us, because just capturing the data electronically within our system was challenging as well as collecting community data. So we actually worked closely with CDF and others to really look at community wide data. So it was clearly an estimate, a very broad estimate of what that number looked like. As others may know, families go on and off of health care coverage, so capturing that is time sensitive. You are really only getting a snapshot of the uninsured at whatever point you take that information.

Erin Seidler: So that's a great point, and that actually leads to our follow up question asking, that in their school district they collect health insurance information at the beginning of the year during school registration, but that CHIPRA and other insurance status fluctuates and that information doesn't stay accurate for very long. So how have you, and I'll open this up to the whole group, how have you addressed this in the past and how can they keep that information current?

Beth Matthey: This is Beth. It's difficult to keep it current because it goes in and out, and those are our most at risk families. That's why school nurses are such an asset, because we recognize when that happens because the kids, just like Liz's story with Billy and his asthma, we find that out when the child isn't getting the health care that they need. So that personal connection with the navigators or with the specialists, the enrollment specialists, is very helpful, because we can pick up the phone and give them a call. We can't give out family information, but we can certainly encourage the family to call the specialist or the navigator.

Gwendolyn Johnson: And I'll add to that, because we do have an outreach worker type formula. But it's all about relationships, and oftentimes families, once those relationships are established they will stay in contact for example with their school nurse or with someone who has given them some information. But relationships are key with health insurance. It's a trust issue as well as information.

WyKisha McKinney: Thank you for adding that Gwen, this is WyKisha. I just wanted to also say that one of the things that we encourage with the districts is to maintain if they possibly can a plan for following up with families so that we can, with the families that have been assisted so that we



can make sure that once a child is covered that they remain covered, but also to compare to the data that we are receiving from the district or from those other sources that we mentioned earlier.

Erin Seidler: Great, thank you guys for that feedback. The next question that we have, and I know that this is a mixed bag depending on the area, so I'll open this up to the whole group. I know some of you work with enrollment specialists that are outside of your organization, and some of you like Liz are inside the school district. So the enrollment specialists that you work with, where do you connect with them and do you have them inside your organizations or do you connect with local groups?

Gwendolyn Johnson: This Gwen in Houston, and our enrollment specialists which we call an outreach worker is actually within our department. It's in our district and within the department here in Health and Medical Services. So they are, and that was supported through grant funding, but we are also looking at ways to embed that type of position within our organization.

Erin Seidler: Great. And Gwen, I hate to put you on the spot again but we did have another question for you we thought would be interesting for the group. You had mentioned using EMS transport data, and the person had said they hadn't heard that previously. So we would love to hear more about where you got that data and how they are using it to target potential enrollees.

Gwendolyn Johnson: One of the ways that we used it actually was on an overlapping project with asthma. What we found was that we could in working with the EMS director, they could provide some data to us about EMS transport for children with asthma for example, and that was key in knowing if children were being transported after regular school hours and using emergency rooms and EMS for care, that was a trigger about where there were gaps in other services. So working with the local EMS director was a key piece for us.

Erin Seidler: Okay, thank you so much for that feedback Gwen. I want to get to one final question here, and this is for our School Nurses Association. The question is, in many school districts unfortunately school nurses are being eliminated or laid off due to budget constraints. So looking for recommendations for the group on who they might be able to connect with if school nurses aren't available in their school district.



Beth Matthey: This is Beth, and that's a great question. First, I always tell people to always ask, who's meeting the health care needs of my children? Many people expect that it's the school nurse, and just as you mentioned, sometimes it's not. And I would hope that they would be advocating for the services of the school nurse. We do know that a professional nurse can meet the health care needs of children. But if that's not available, I would speak to an administrator within the building and ask them, who's meeting the health care needs of my children and how do I access health insurance?

Elizabeth Clark: This is Liz, I was just going to add something really quick. In our state, through our school Medicaid program, our school health services program, last year we funded \$3.5 million of nurse salaries through the school Medicaid program. So the money that the school districts generated funded nurse positions. And there is also a very active Affordable Care piece, the Regional Care Collaboratives, and they have nurses that are doing some case management, and we are looking at potentially in the future partnering with a case manager nurse to be in our school district. So there's lots of people, I think if you work in your community and your state, ask the questions about, how can they support school nursing in your district, if the funding isn't going to come from your district are there some community folks, hospitals provide school nurses, health departments sometimes provide school nurses. So there are a lot of people you can talk to who have the same value and goals to improve the health of students who can potentially fund school nurses and districts. That's another topic for another day, but I just wanted to share that.

Erin Seidler: Great, thank you so much Liz, I appreciate that feedback. And that's unfortunately all the time that we have for today. We really appreciate the speakers for sharing all the valuable information and great ideas to either get your school based outreach strategy started or continue the great work that you have already been doing. Remember there are campaign resources available to download and to customize on the new InsureKidsNow.gov website, and a recording of this webinar will be available on the website in two weeks. If you've missed any of our past webinars, please check out the webinar archive on InsureKidsNow.gov. Thank you everybody for joining today and have a great rest of your day.